


*McAtee*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>McAtee</i> <div style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</div> </p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>             Governor Bob Riley            Office of the Governor            Alabama State Capitol            600 Dexter Avenue            Montgomery, AL 36130-2751         </p>	<p>Address different from item 1? <input type="checkbox"/> Yes            delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail         </div> <div> <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D.         </div> </div>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label) <span style="float: right;">7005 1160 0001 2962 4899</span></p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540